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ABSTRACT

This digest discusses the difficulty of assessing the speech and language of culturally and linguistically diverse students and recommends strategies for identifying communication disorders. It begins by reviewing what qualifies as a communication disorder, discussing the limitations of speech and language tests, and outlining test considerations. Critical information that needs to be gathered to determine if there is a communication disorder is then highlighted and includes: (1) comprehensive data concerning the student's significant current and past exposure to particular languages and dialects, and consideration of the student's proficiencies in those languages and dialects; (2) data about the student's speech and language skills in a number of settings and covering different types of language, such as social language and more demanding uses, such as for comparison, synthesis, and problem solving; (3) parent/long-time caregiver reports that include developmental history, parent's education, family history, and parent's perceptions; (4) teacher interviews and portfolio reviews on overall school performance; (5) outcomes of tasks designed to probe particular areas of speech and language; and (6) information on the student's ability to learn. The digest closes by discussing factors that evaluators need to analyze to determine whether any apparent difficulties are due to a communication disorder. (CR)

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Diagnosing Communication Disorders in Culturally and Linguistically Diverse Students

Catherine J. Crowley

The disproportionate referral of bilingual and culturally diverse students to special education and related services is a pressing challenge in public school systems. Not only are unnecessary services a drain on resources, but they are harmful to children, taking them away from the classroom and inevitably stigmatizing them. In addition, an incorrect diagnosis may mean that a child does not receive the services he or she does need.

Accurate assessment of culturally and linguistically diverse students is difficult in any area. Assessing the speech and language skills of these students is even more challenging. The evaluator must make the crucial differential diagnosis between a communication disorder and something else. This "something else" could have a cultural basis, such as a mismatch between demands of school and home, or a linguistic basis, such as evidence of the normal process of second language acquisition or speaking a nonstandard dialect of English. This digest describes the current preferred practice in the assessment of communication disorders in culturally and linguistically diverse students.

What qualifies as a communication disorder?

For any student, communication skills are disordered if they deviate sufficiently from the norms and expectations of the student's speech community.

The challenge with culturally and linguistically diverse students is that many of the traditional assessment tools and benchmarks are not based upon their speech communities. Instead, they generally are based upon the "mainstream" or "standard" dialect of American English, known as "Standard American English" (SAE). (This dialect is often identified as the one spoken by newscasters or in educational settings.) While it is critical that students acquire this dialect, evaluators cannot identify students with a communication disorder because they speak a different dialect.

Why not use test scores to identify a communication disorder?

The limitations of speech and language tests in accurately discriminating typical and impaired language speakers of SAE are widely known (McCauley & Swisher, 1984). So, before reporting any test scores, the evaluator analyzes the test's quality and applicability. To do this, the evaluator considers:

- *Construct validity.* How accurate is the test in distinguishing typically developing students from students with communication disorders?
- *Content validity.* Do the test items make sense?
- *Normative sample.* Did significant numbers of the subjects used to norm the test have similar linguistic and cultural backgrounds as the student being evaluated?
- *Reliability.* Are the test results consistent for a student even if the test is given again or given by a different evaluator?

An analysis of the quality and applicability of currently available tests reveals that none meets acceptable standards (McCauley & Swisher, 1984). The use of scores derived from such tests causes inaccurate identification of students with communication disorders, which has "serious" "social consequences" (Plante & Vance, 1994, p. 21).

With English language learners, the use of translated versions of speech and language tests pose even greater problems. For example, many translations provide word-for-word translations which do not account for a lack of equivalent linguistic forms in the second language. Additionally, translated tests do not consider the effects of second language acquisition on a student's performance. As a result, scores from these translated versions should not be used to diagnose a communication disorder.

How does the evaluator determine whether a student has a communication disorder?

Before deciding whether a communication disorder exists, the evaluator first accumulates a good deal of information about the student's communication skills. The evaluator approaches this phase as both an anthropologist and a detective. Critical information includes:

- *Comprehensive data concerning the student's significant current and past exposure to particular languages and dialects, and consideration of the student's proficiencies in those languages and dialects.*
- *Data about the student's speech and language skills in a number of settings and covering different types of language, such as social language and more demanding uses such as for comparison, synthesis, and problem solving.* This can be gathered by direct observation and elicitation, by interviewing people who can provide that information, and by reviewing historical information on the student's speech and language skills.
- *Parent/long-time caregiver reports (this may be the most valuable information) including:*
  - Developmental history and significant medical history;
  - Information on the parent's education and;
  - The parent's judgment as to:
    1) how the student's speech and language development compares to his/her siblings at the same age, or to the student's peers in his/her speech community;

2) whether there is a history of speech-language problems in the student's family and/or;
3) whether there is a history of academic problems in the student's family (Dale, 1996; Restrepo, 1998).

- *Teacher interviews and portfolio reviews on overall school performance, both currently and historically.*
- *Tasks designed to probe particular areas of speech and language, whether using standardized or nonstandardized tools, including:*
  - Grammatical development compared to the norms of the student's speech community;
  - Ability to comprehend and integrate information the student hears and reads in his/her school and community;
  - Ability to organize and integrate ideas and information so the student can express himself/herself when participating in classroom discussions and in written work;
  - Development of curriculum-based language skills such as phonological awareness, language-based memory skills, vocabulary development, and language-based literacy and math skills.
- *Information on the student's ability to learn, generally elicited through dynamic assessment methods, to aid in determining whether the student's incorrect response was due to a lack of prior exposure to the test's task requirement or content, or a true communication disorder.*

How does the evaluator analyze the information?

After all the critical information is gathered, the evaluator analyzes a number of factors to determine whether any apparent difficulties are due to a true communication disorder or to something else—such as a communication difference or a lack of prior exposure. To make this differential diagnosis, the evaluator applies available research on the norms of a student's speech community. Often the research is limited. The evaluator applies his/her own knowledge base, and may enlist the help of someone who knows the student's linguistic and cultural background and who can, with proper training, provide valuable information on these critical factors:

- *Sociolinguistics.* The evaluator considers how social and cultural factors might have influenced the quality and quantity of information gathered. For example, a student might be reticent to talk 1) with an adult she/he does not know, 2) about something the student is not interested in, or 3) in an unfamiliar setting. The evaluator also considers how the particular information-gathering tasks might be culturally unfamiliar to the student. Depending on the student's speech community, examples of unfamiliar tasks might include tasks requiring that the student 1) answer questions that the evaluator already knows the answers for; 2) tell stories if the student did not have experience telling or hearing stories; or 3) label objects when that is not commonly done at home (Heath, 1982).
- *Prior educational experiences.* The evaluator distinguishes between the effect of poor educational experiences and a true communication disorder. Substandard school instruction may impact many aspects including the fund of general knowledge, vocabulary skills, problem solving skills, literacy skills, and, of course, success in meeting curriculum standards.
- *Linguistics.* The evaluator adjusts his/her linguistic criteria based upon characteristics of second language learning; amount and quality of exposure to various dialects the student produces; and variations as to when certain developmental benchmarks are met in different languages and dialects. This linguistic knowledge also enables the evaluator to distinguish an accent from an articulation or phonological delay.

In the end, the evaluator analyzes the data to determine

- whether the student has a communication disorder, and
- if so, the level of severity of that disorder.

The written report contains sufficient information, including quoting and describing actual speech and language performance data, to enable a reader to understand how the evaluator forms his/her clinical judgment, based upon an analysis of all the accumulated information.

Terminology

Culturally diverse: Describes an individual or group that is exposed to, and/or immersed in, more than one set of cultural beliefs, values, and attitudes.

Dialect: Describes a variety of a language. Dialects are seen as applicable to all languages and all speakers. All languages are analyzed into a range of dialects, which reflect the regional and social background of their speakers.

Linguistically diverse: Describes an individual or group that is exposed to, and/or immersed in, more than one language or dialect.

Speech community: A group of people who share at least one speech variety in common. Members of bilingual/bidialectal communities often have access to more than one speech variety. The selection of the specific variety depends upon such variables as the participants, the topic, the function, and the location of the speech event.

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